

Statement from Methodist Le Bonheur Healthcare

To accurately represent our full commitment to the greater Memphis community, it should be noted that:

We are committed to ensuring access to quality care and have a hospital in all four quadrants of the greater Memphis area, unparalleled by any other healthcare provider in our region.

Our health system includes six hospitals and more than 150 clinics, outpatient centers and physician practices.

As the second-largest private employer in Shelby County, we recognize the responsibility we have as an organization to contribute to the success of the diverse communities we serve and are purposeful about creating jobs in our community – intentionally choosing to keep services like printing, laundry and others in-house that are typically outsourced by the healthcare industry.

We are dedicated to strengthening the communities we serve and improving the well-being of patients and families, and that commitment is demonstrated through our actions.

We provide more healthcare community benefit than any other health system in the region – over \$226 million annually.

We employ more than 250 associates dedicated specifically to community outreach and improving the health of all Memphians through our more than 20 evidence-based community programs, serving approximately 54,000 individuals and providing \$25 million in community-based services – in homes, schools, child care centers, community centers and churches.

We raised nearly \$24 million dollars to meet community needs through the combined efforts of our foundations.

We strongly believe in providing exceptional care to all members of the community - regardless of ability to pay, and work diligently to honor that commitment for our patients:

Recognizing the unique needs of our patient populations, we have a thoughtful process in place designed to help patients with medical expenses.

We are committed to working with all patients who are struggling with medical expenses. Our desire is to work with patients early in the process to set up a payment plan that meets their individual need.

We will provide any patient – insured or uninsured – with assistance through a 0% interest payment plan and payment plans can be tailored based on the patient's need.

We are willing to set up these payment plans at any point, up until legal proceedings begin.

Any patient who identifies as uninsured, or self-pay, receives an automatic discount of at least 70% for the care they receive.

It should be noted that we more frequently provide patients a discount of greater than 70%.

In fact, we collect just 1% of total charges on self-pay patients. Uninsured patients 125% or less of the Federal Poverty Guideline receive free care. Uninsured patients greater than 125% of the Federal Poverty Guidelines are eligible for a 70-99% discount on their care.

As a non-profit organization, we take seriously our responsibility to provide care to all of our patients, and we take steps to provide financial relief for patients in need.

Before any patient statements are sent, all accounts are evaluated by a financial assistance qualifying tool, which uses various data points to measure a patient's ability to pay. If we find that a patient is unable to pay their bill, then the patient's account is written off before a statement is ever sent. This process happens automatically and requires no action from patients.

We have a dedicated team that reviews patient billing, and collections on accounts greater than \$5,000 are specifically reviewed by a director-level leader.

Unlike most healthcare systems, we chose to create and own our own agency (RAP) to ensure patients are treated with courtesy and respect at every point of the billing process and to create jobs in the Memphis community. If we were to outsource these services, we would not have the same level of patient-centered focus, and we would be sending jobs outside our community.

We provide self-paying patients with free assistance enrolling in government sponsored insurance programs.

We are committed to sharing information with our patients regarding their financial assistance rights and offer numerous opportunities for patients to access financial assistance resources:

Uninsured patients are provided financial assistance forms during registration, so we can immediately begin providing assistance to patients in need.

Our standard billing letters and account statements to all patients include information about our financial assistance

policy and provide details about accessing assistance, including patient rights and how to contact us.

When we contact a patient by phone or the patient calls us for billing purposes, it is our standard practice to proactively share information about accessing financial assistance.

Outstanding patient debts are only sent to collections and then to court as a very last resort, and only after continued efforts to work with the patients have been exhausted.

Court action is what begins interest on the date of judgment and it accrues daily.

We do not add interest to the accounts of patients; however, once a legal judgment is made, payment amounts are set by the court and will include mandated statutory interest.

Like all health systems, we are legally and contractually obligated through our agreements with insurers to collect copays and deductibles.

We know some insured patients have high copays and deductibles that place a financial burden on the patient. As a mission-driven organization, we will work with these patients seeking assistance.

Submitted on June 21, 2019